POND ROAD MIDDLE SCHOOL
SPORTS EMERGENCY CARD

Name: _____
Last First MI

Address: _____ Sport:_____
_____
_____ Grade: _____

Home Phone: _____
Father: (work) _____ Cell Phone: _____
Mother: (work) _____ Cell Phone: _____

Emergency Hospital Preference: _____
Family Doctor: _____

Medical Insurance Carrier & ID#: _____

After 3 p.m. I can be reached at:
Mother/Guardian: _____
Father/Guardian: _____

IF UNABLE TO REACH PARENT IN CASE OF EMERGENCY CONTACT:

_____
(NAME) (RELATIONSHIP) (PHONE #)

_____
(NAME) (RELATIONSHIP) (PHONE #)

Please list any special limitations, problems or allergies that your child has:

Please be reminded that if during the sports season you will be out of town, notify the coach as to the responsible person to call in case of injury. I am signing a blanket release giving the first-aid squad, emergency room, or physician permission to provide emergency medical treatment in case I cannot be reached. I hereby grant permission to take whatever steps may be necessary to obtain emergency medical care if warranted.

_____ _____
Signature of Parent or Guardian Date